

| David Louis FAMILY | , MD<br>PRACTICE   |  |                   | Triple i/CliniForms Progress Notes |
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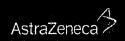




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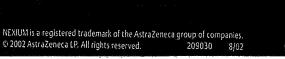




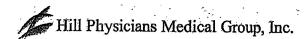


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APR 0 2 2003

## **AUTHORIZATION REQUEST NOTIFICATION**

David Louis MD 350 30th St #540 Oakland, CA 94609

Authorization #: 2292335 Print Date: March 28, 2003 Status: App Clinical Guidelines

## PATIENT INFORMATION

Patient ID#: 4561593550\*000 Patient Name: Marvin A Nelson Patient DOB: December 13, 1959 Health Plan: Blue Shield of California Plan ID: BS 0050U

Product: Blue Shield Access Plus

Sub. ID: 4561593550\*000 Sub. Name: Marvin A Nelson PCP: David Louis MD Address: 350 30th St #540 Site: Oakland Office 09 Location: East Bay

PROVIDER OF SERVICE INFORMATION Ordering MD: Carvel B Tefft MD Provider: Pic-Mcmi Date Ordered: 10/23/2002 REQUESTED SERVICE(S) Diagnosis: 1) 724.2 Procedure(s): 1) 72148 Modifier(s): 2) 3) 2) 3) 4) 5) 6) 2) 3) 4) 5) 6) Proc/# Treatments: AUTHORIZED SERVICE(S) Authorization Type: Mri/Ct Procedure(s): 1) 72148 Modifier(s): Units/Days: 1 Units/Days: 2) 3) 4) 5) 6) Units/Days: Units/Days: Units/Days: Units/Days: Consult Only: N App. Dts: October 23, 2002 thru October 23, 2002 Treatments: 1

This authorization certifies medical necessity only. This guarantees payment only if the member proved to be eligible at the time services are rendered. Only services specifically authorized on this form will be considered for payment. **PCP Copy** 

**COMMENTS** 



## PERALTA IMAGING CENTER

**WEST PAVILION** 

AFFILIATES IN IMAGING A MEDICAL GROUP, INC. 450 30TH STREET OAKLAND, CA 94609 (510) 869-8800

NAME: NELSON, MARVIN A

MR#: 1229610

KP#:

DOB: 12/13/59 AGE: 43Y Sex: M

Account # 0306500842

Check-in Date: 03/06/03 1620

Chk-in # 859109 Order 0001

Exam

3140 XR FINGERS\*R

Exam Detail : XR FINGERS\*R

Exam Start

: 03/06/03 1614

RIGHT THUMB

March 06, 2003 code 73140

INDICATION: Pain.

FINDINGS: There is no fracture seen. There is no significant joint

disease identified.

IMPRESSION: No significant bone or joint findings.

Read By:

RICHARD KEENE, M.D.

PT: O/P Loc: DIS

ORD MD: LOUIS, DAVID

ATT MD: LOUIS, DAVID

ADM MD: LOUIS, DAVID

REF MD: LOUIS, DAVID

COPY FOR: LOUIS DAVID

TRANSCRIBED BY:CL

THIS REPORT HAS BEEN ELECTRONICALLY SIGNED

SIGNED REPORT LESS T. CHAFEN, M.D. FRED CHIN, M.D. EDWARD DRASIN, M.D. HAYDEN EVANS, M.D. MICHAEL J. FAER, M.D.

CHARLES E. FISKE, M.D. SANGEETA GAMBHIR, M.D. STEVEN B. HAMMERSCHLAG, M.D. IRA E. KANTER, M.D. RICHARD KEENE, M.D. PATRICIA KIM, M.D.

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GARY G. SHRAGO, M.D.
YYONNE SUN, M.D.
JUANITO VILLANUEVA, M.D.
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| <b>d</b>              |   |                |
| Patient's name:       | MARMI A. Welson Date: 12/3/02   |                |
| Instructions: This ou | pestionnaire consists of seven groups of statements. Read each group of   |                |
| -t-t                  | than pick out the <b>and statement</b> in each album into Desi describes into May   |                |
| you have been feel    | ing during the past 2 weeks, including today. Circle the number beside the picked. If several statements in one group seem to apply equally well, | Sec. 1         |
| choose the stateme    | ent with the highest number beside it.  |                |
|                       |   |                |
| Sadness               | I do not feel sad   | 0              |
|                       | I feel sad much of the time   | (23)           |
|                       | I am sad all the time   | 3              |
|                       | 1 am so sad or unhappy that I can't stand it  | Silve          |
| Pessimism             | I am not discouraged about my future  | 0              |
| <del></del>           | I feel more discouraged about my future than I used to be   |                |
|                       | I do not expect things to work out for me   | (2)            |
| ,                     | I feel my future is hopeless and will only get worse  | 3              |
|                       | I do not feel like a failure  | 0              |
| Past Failure          | I have failed more than I should have   |                |
|                       | As I look back, I see a lot of failures   | (2)            |
|                       | I feel I am a total failure as a person   | 3              |
|                       | •   | 0              |
| Self-Dislike          | I feel the same about myself as ever  |                |
|                       | I have lost confidence in myself  | (2)            |
|                       | I am disappointed in myself   | 3              |
|                       | I dislike myself  | SANSY          |
| Self-Criticalness     | I don't criticize or blame myself more than usual   | 0              |
| J OCH CHINGS          | I am more critical of myself than I used to be  | 1              |
|                       | I criticize myself for all of my faults   | 2              |
|                       | I blame myself for everything bad that happens  | (3)            |
|                       | ·   | (8)            |
|                       | I don't have any thoughts of killing mysèlf  I have thoughts of killing myself, but I would not carry them out                                    |                |
| or Wishes             | I nave moughts of killing myself, but I would not carry the mouth the would like to kill myself   | 2              |
|                       | I would kill myself if I had the chance   | 3              |
|                       | ·   | 200            |
| Loss of Interest      | I have not lost interest in other people or activities  | 0              |
| <del></del>           | I am less interested in other people or things than before  |                |
|                       | I have lost most of my interest in other people or things   | (2)            |
|                       | It's hard to get interested in anything   | 3              |
|                       |   |                |
|                       | Total Score:  | DL000031       |

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What are your patients taking for relief of intermittent heartburn?

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